DEPARTMENT OF TREASURY

PROCESS RECEIPT AND RETURN

Plaintiff: UNITED STATES OF AMERICA	Court Case Number: 04-CR-544
Defendant: KUN FUK CHENG	Type of Process: Forfeiture - Disposal

SERVE AT: (Name of Individual, Company, Corporation, etc. to be served or Description of property to Seize: (Address: street or RFD, Apt. No., City,State and Zip Code):

Send notice or service copy to requester at Name and Address below:		
Andrew T. Baxter, United States Attorney, NDNY 218 James T. Foley Courthouse 445 Broadway Albany, New York 12207	Number of Processes to be Served	
	Number of Parties to Served	
	Check box if service is on USA	

Special Instructions or Other Information that will assist in expediting service (includes business and alternate addresses, telephone numbers and estimated times available for Service:

Please dispose of Fleet Bank Account #XXXXX8984 in the names of Xiu Chai Shi and Hui Guo.

Signature of Attorney or other Originator requesting service on behalf of:	(X)Plaintiff () Defendant	Telephone No.	Date
/Thomas A. Capezza, AUSA		518-431-0247	4/15/09

Signature and Date of Person accepting Process:

SPACE BELOW FOR USE OF DEPARTMENT OF TREASURY

I acknowledge receipt for the total number of process indicated.	District of Origin No.________	District to Serve No.________	Signature of Authorized Dept. of Treasury Agency Officer	Date
			Special Agent	7-14-09

I HEREBY CERTIFY AND RETURN THAT I (X) PERSONALLY SERVED. ( ) HAVE LEGAL EVIDENCE OF SERVICE. ( ) HAVE EXECUTED AS SHOWN IN 'REMARKS', THE PROCESS DESCRIBED ON THE INDIVIDUAL, COMPANY, CORPORATION, ETC.,AT THE ADDRESS SHOWN ABOVE OR ON THE ADDRESS INSERTED BELOW

( ) I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.

Name and Title of individual served if not shown above.	( ) A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address: (complete only if different than shown above)	Date of Service Time of Service ( ) a.m. ( ) p.m.
	Signature,Title and Treasury Agency

REMARKS:

Funds were disposed on 9/6/2008.

DEPARTMENT OF TREASURY

PROCESS RECEIPT AND RETURN

Plaintiff: UNITED STATES OF AMERICA	Court Case Number: 04-CR-544
Defendant: KUN FUK CHENG	Type of Process: Forfeiture - Disposal

SERVE AT: (Name of Individual, Company, Corporation, etc. to be served or Description of property to Seize: (Address: street or RFD, Apt. No., City,State and Zip Code):

Send notice or service copy to requester at Name and Address below: Andrew T. Baxter, United States Attorney, NDNY 218 James T. Foley Courthouse 445 Broadway Albany, New York 12207	Number of Processes to be Served	
	Number of Parties to Served	
	Check box if service is on USA	

Special Instructions or Other Information that will assist in expediting service (includes business and alternate addresses, telephone numbers and estimated times available for Service:

Please dispose of Fleet Bank Account #XXXXX2461 in the name of Hui Guo.

Signature of Attorney or other Originator requesting service on behalf of:		Telephone No.	Date
[signature] for /Thomas A. Capezza, AUSA	(X)Plaintiff ( ) Defendant	518-431-0247	4/15/09

Signature and Date of Person accepting Process:

SPACE BELOW FOR USE OF DEPARTMENT OF TREASURY

I acknowledge receipt for the total number of process indicated.	District of Origin No.________	District to Serve No.________	Signature of Authorized Dept. of Treasury Agency Officer	Date
			[signature], Special Agent	7-14-09

I HEREBY CERTIFY AND RETURN THAT I (X) PERSONALLY SERVED. ( ) HAVE LEGAL EVIDENCE OF SERVICE. ( ) HAVE EXECUTED AS SHOWN IN 'REMARKS', THE PROCESS DESCRIBED ON THE INDIVIDUAL, COMPANY, CORPORATION, ETC.,AT THE ADDRESS SHOWN ABOVE OR ON THE ADDRESS INSERTED BELOW

( ) I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.

Name and Title of individual served if not shown above. [scribbled out]	( ) A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address: (complete only if different than shown above)	Date of Service Time of Service ( ) a.m. ( ) p.m. Signature,Title and Treasury Agency

REMARKS:

Funds were disposed on 9/5/2008.

DEPARTMENT OF TREASURY

PROCESS RECEIPT AND RETURN

Plaintiff: UNITED STATES OF AMERICA	Court Case Number: 04-CR-544
Defendant: KUN FUK CHENG	Type of Process: Forfeiture - Disposal

SERVE AT: (Name of Individual, Company, Corporation, etc. to be served or Description of property to Seize: (Address: street or RFD, Apt. No., City,State and Zip Code):

Send notice or service copy to requester at Name and Address below: Andrew T. Baxter, United States Attorney, NDNY 218 James T. Foley Courthouse 445 Broadway Albany, New York 12207	Number of Processes to be Served	
	Number of Parties to Served	
	Check box if service is on USA	

Special Instructions or Other Information that will assist in expediting service (includes business and alternate addresses, telephone numbers and estimated times available for Service:

Please dispose of Fleet Bank Account #XXXXXX2931 in the name of Yu Li.

Signature of Attorney or other Originator requesting service on behalf of: [signature] /Thomas A. Capezza, AUSA	(X) Plaintiff () Defendant	Telephone No. 518-431-0247	Date 4/15/09

Signature and Date of Person accepting Process:

SPACE BELOW FOR USE OF DEPARTMENT OF TREASURY

I acknowledge receipt for the total number of process indicated.	District of Origin No.____	District to Serve No.____	Signature of Authorized Dept. of Treasury Agency Officer	Date
			[signature], Special Agent	7-14-09

I HEREBY CERTIFY AND RETURN THAT I (X) PERSONALLY SERVED. ( ) HAVE LEGAL EVIDENCE OF SERVICE. ( ) HAVE EXECUTED AS SHOWN IN 'REMARKS', THE PROCESS DESCRIBED ON THE INDIVIDUAL, COMPANY, CORPORATION, ETC.,AT THE ADDRESS SHOWN ABOVE OR ON THE ADDRESS INSERTED BELOW

( ) I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.

Name and Title of individual served if not shown above. [signature], Special Agent	( ) A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address: (complete only if different than shown above)	Date of Service Time of Service ( ) a.m. ( ) p.m. Signature,Title and Treasury Agency

REMARKS:

Funds were disposed on 9/5/2008